



CONTINUED CLAIM FORM

**BRING COMPLETED FORM TO YOUR NH LOCAL OFFICE OR MAIL COMPLETED FORM TO:
NHES BAU 45 SOUTH FRUIT STREET, CONCORD NH 03301-4857**

Check if this is a new mailing address

Name _____
Address _____
City _____ State _____ ZIP _____

SS#

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FOR THE CALENDAR WEEK ENDING ON SATURDAY: ____ / ____ / ____

(Check One ✓)
YES NO

- | | | days |
|---|--------------------------|--------------------------|
| 1. How many days did you attend school or training classes last week? | _____ | _____ |
| 2. Did you attend all scheduled classes last week? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you make satisfactory progress in all scheduled classes last week? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you add or drop any classes or change your training in anyway last week | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you file a Workers Compensation Claim due to a work-related injury during the week being claimed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you file for Social Security Benefits during the week being claimed? <i>(These include Social Security Retirement and Social Security Disability Benefits)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did you work or perform any services during the week being claimed? <i>(This includes starting a new job, working part-time employment or working for yourself, regardless of whether you received payment)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did you receive, or will you receive, holiday pay for a holiday that occurred during the week being claimed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did you receive any monies not previously reported to this department, other than wages for hours actually worked during the week being claimed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did you refuse any work during the week being claimed? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you refused work, provide a brief description of why in the box provided
<i>(Hours, wage, family obligations, too far, etc.)</i> | | |
| 11. Did you fail to follow up on a job referral from NH Employment Security during the week being claimed? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you did not follow up on a job referral, provide a brief description of why
<i>(forgot to investigate, did not want to investigate, ect.)</i> | | |

CERTIFICATION: *I understand that the answers I give to the above questions may affect my rights to benefit payments. I certify that these statements are true and correct. I certify that I am not claiming or receiving benefits from any other unemployment program for the above week. I certify that I have not previously provided false information or failed to disclose information, about employment history, employment status, earnings, availability for work, or other matters concerning my eligibility for benefits. I understand the law provides penalties for false statements.*

_____ **Claimant Signature*** _____ **Date** _____ **Telephone Number**

***Your claim cannot be processed without your signature. Mail the completed form to the address above.**

NHES IS A PROUD MEMBER OF AMERICA'S WORKFORCE NETWORK AND NH WORKS. NHES IS AN EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT.
AUXILIARY AIDES AND SERVICES ARE AVAILABLE TO INDIVIDUALS WITH DISABILITIES. TDD/TTY ACCESS: RELAY NH 1-800-735-2964